

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2395**

Registration District No. **250**

Primary Registration District No. **4150**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Daviess**
(b) City or town **Gallatin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **John W. Sawyer**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary A. Sawyer** 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **December 9 1851**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 1 19 hr. min.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tax Collector**

11. Industry or business **Retired**

12. Name **James A. Sawyer**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Blakley**
15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John W. Sawyer**
(b) Address **Gallatin, Mo.**

17. (a) **Burial** (b) Date thereof **1-31-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Furman & Und. Co.**
(b) Address **Gallatin, Mo.**

19. (a) **Jan. 30-1941** (b) **H. G. Hope**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**
(c) City or town **Gallatin**
(If outside city or town limits write "RURAL")
(d) Street No. **---** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28**
year **1941** hour **10** minute **30** P. M.

21. I hereby certify that I attended the deceased from **May 1933** to **Jan 28 1941**
that I last saw him alive on **Jan 28 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Arteriosclerosis** 5 yrs.
Due to **Senile Dementia** 3 yrs.

Other conditions (Include pregnancy within 3 months of death)
Major findings: **97**
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury
23. Signature **Hope E. Hope** (M. D. or other) **2**
Address **Gallatin, Mo.** Date signed **1-30-41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

_____, Registered Apprentice No. _____

Signed

L. O. Richerson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.